

REPORT - HIPAA 270 to MMIS mapped fields only

Loop	SegID	HIPAA Name	DT	Req	File	Field	DT	Comment	CommentType
Eligibility, Coverage or Benefit Inquiry									
	ST	Transaction Set Header		R					
	ST 01	Transaction Set Identifier Code	ID3	R				Verify "270"	Translation
	ST 02	Transaction Set Control Number	AN9	R				sequence # start 1 by 1 for each ST-SE	Translation
	BHT	Beginning of Hierarchical Transaction		R					
	BHT01	Hierarchical Structure Code	ID4	R				Verify "0022"	Translation
	BHT02	Transaction Set Purpose Code	ID2	R				"13"=request; "01"=cancel previous request	Translation
	BHT03	Submitter Transaction Identifier	AN30	S				store & send back in 271 BHT03	Match Back
	BHT06	Transaction Type Code	ID2	S				Decided not to use 270 to decrement recipient spend down amount or number of services used of those authorized	Policy Issues
2000A	HL	Information Source Level		R				We will not support a transaction with multiple information sources, only those destined for us.	Policy Issues
2000A	HL	Information Source Level		R					
2000A	HL 01	Hierarchical ID Number	AN12	R				Verify that it's a sequence number start 1 by 1 for each HL segment in ST-SE--for every HL segment	Translation
2000A	HL 03	Hierarchical Level Code	ID2	R				Verify "20"	Translation

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2000A	HL 04	Hierarchical Child Code	ID1	R				Verify "1"	Translation
2100A	NM1	Information Source Name		R					
2100A	NM1	Information Source Name		R					
2100A	NM108	Identification Code Qualifier	ID2	R				Verify "XV"-Nat'l PlanID or "PI"-payor ID	Translation
2100A	NM109	Information Source Primary Identifier	AN80	R				Verify that this is either MAA's PlanID or Medicaid ID	Translation
2000B	HL	Information Receiver Level		R				Support a request with multiple information receivers, e.g., from a clearinghouse?	Policy Issues
2000B	HL	Information Receiver Level		R					
2000B	HL 02	Hierarchical Parent ID Number	AN12	S				Verify which HL loop is the parent of this HL loop--in every HL segment	Translation
2000B	HL 03	Hierarchical Level Code	ID2	R				Verify "21"	Translation
2000B	HL 04	Hierarchical Child Code	ID1	R				Verify "1"	Translation
2100B	NM1	Information Receiver Name		R					
2100B	NM1	Information Receiver Name		R					
2100B	NM108	Identification Code Qualifier	ID2	R				Verify "XX"-NPI	Translation
2100B	NM109	Information Receiver Identification Number	AN80	R				Check whether this is a valid 270 requestor in prov file.	Processing Logic
2100B	REF	Information Receiver Additional Identification		S					
2100B	REF01	Reference Identification Qualifier	ID3	R				Verify "1D"-Medicaid Number	Translation

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2100B	REF02	Information Receiver Additional Identifier	AN30	R	Prov-File	PROV-NUMBER	9(10)		
2100B	N 3	Information Receiver Address		S					
2100B	N 4	Information Receiver City/State/ZIP Code		S					
2100B	PER	Information Receiver Contact Information		S					
2100B	PRV	Information Receiver Provider Information		S					
2100B	PRV03	Receiver Provider Specialty Code	AN30	R				Validate this prov tax. code against procedure's PROC-PROV-TYPE-IND	Processing Logic
2000C	HL	Subscriber Level		R				Support a request about multiple clients.	Processing Logic
2000C	HL	Subscriber Level		R				If both 2000C-Subscriber and 2000D- Dependent are present, Dependent is recipient	Translation
2000C	HL 03	Hierarchical Level Code	ID2	R				Verify "22"	Translation
2000C	TRN	Subscriber Trace Number		S					
2000C	TRN02	Trace Number	AN30	R				send this trace # (or the one in loop 2000D) to MMIS to trace this request. If present, it must be returned in the 271.	HIPAA Required
2000C	TRN03	Trace Assigning Entity Identifier	AN10	R				send this trace # assigning facility (or the one in loop 2000D) to MMIS to trace this request	HIPAA Required
2100C	NM1	Subscriber Name		R					
2100C	NM1	Subscriber Name		R					
2100C	NM101	Entity Identifier Code	ID3	R				Verify "IL"	Translation

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2100C	NM108	Identification Code Qualifier	ID2	S				Verify "MI"-client PIC	Translation
2100C	NM109	Subscriber Primary Identifier	AN80	S	Recip-Elig-File	RECIP-IDENT-NUMBER	X(14)		
2100C	REF	Subscriber Additional Identification		S				Allow lookup by ID card number? ("HJ")	Policy Issues
2100C	REF01	Reference Identification Qualifier	ID3	R				"EJ"-patient account number; "1W"-Member ID	Translation
2100C	REF02	Subscriber Supplemental Identifier	AN30	R	Recip-Elig-File	RECIP-CLIENT-ID	X(09)	If REF01 value is "EJ"-patient acct num, REF02 must be returned in the 271.	Match Back
2100C	N 3	Subscriber Address		S					
2100C	N 4	Subscriber City/State/ZIP Code		S					
2100C	PRV	Provider Information		S					
2100C	PRV01	Provider Code	ID3	R				if this code is "PE"-performing prov or "AT"-attending, send the next two data elements to MMIS to identify the service provider or specialty	Translation
2100C	PRV02	Reference Identification Qualifier	ID3	R				If REF02 is either "HPI"-NPI or "XX"-taxonomy send REF03 to MMIS	HIPAA Required
2100C	PRV03	Provider Identifier	AN30	R				If REF02 is either "HPI"-NPI or "XX"-taxonomy send REF03 to MMIS	HIPAA Required
2100C	DMG	Subscriber Demographic Information		S				Require these fields by trading partner agreement? (req'd for elig, not to ID a patient)	Policy Issues
2100C	DMG02	Subscriber Birth Date	AN35	S	Recip-Elig-File	RECIP-DATE-OF-BIRTH	9(7)	to be compared to PROCEDURE-MASTER MAXIMUM-AGE and MINIMUM-AGE	Processing Logic
2100C	DMG03	Subscriber Gender Code	ID1	S	Recip-Elig-File	RECIP-SEX-CODE	X(1)	compare against PROCEDURE-MASTER VALID-SEX-INDIC	Processing Logic

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2100C	INS	Subscriber Relationship		S					
2100C	DTP	Subscriber Date		S					
2100C	DTP01	Date Time Qualifier	ID3	R				If this is "307"-elig, "435"-admission, "472"-service, use DTP03 as elig request date, unless overridden by DTP in EQ loop; default to current date	HIPAA Required
2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information		S				Support up to 99 specific requests about the same client.	Processing Logic
2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information		S				MAA must decide which service type codes to support, besides "30"-generic request.	Policy Issues
2110C	EQ 01	Service Type Code	ID2	S				Send service type to MMIS.	HIPAA Required
2110C	EQ 02	Composite Medical Procedure Identifier		S				Decide whether to support procedure level requests.	Policy Issues
2110C	EQ 02	Product or Service ID Qualifier	ID2	R				Send to MMIS. This is the service code being inquired about.	HIPAA Required
2110C	EQ 02	Procedure Modifier	AN2	S				use all procedure modifiers?	Policy Issues
2110C	AMT	Subscriber Spend Down Amount		S					
2110C	III	Subscriber Eligibility or Benefit Additional Inquiry Information		S				Decide whether to support requests based on facility type.	Policy Issues
2110C	III01	Code List Qualifier Code	ID3	R				Verify "BF" or "BK"	Translation
2110C	III02	Industry Code	AN30	R	Diagnosis-Master	DIAG-CODE-ICD-9	X(7)	Decide whether to support requests based on (multiple) diagnosis code(s).	Policy Issues
2110C	REF	Subscriber Additional Information		S					
2110C	REF01	Reference Identification Qualifier	ID3	R				Verify "G1"-prior authorization number	Translation

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2110C	REF02	Prior Authorization or Referral Number	AN30	R	Prior-Authorization	PRIOR-AUTH-NUM	9(9)		
2110C	DTP	Subscriber Eligibility/Benefit Date		S					
2110C	DTP01	Date Time Qualifier	ID3	R				if this is "307"-eligibility or "435"-admission or "472"-service, send DTP03 to MMIS as the date the eligibility request pertains to; otherwise send current date.	HIPAA Required
2110C	DTP03	Date Time Period	AN35	R				Use eligibility, service, or admission dates as date for which the elig request is relevant. This overrides the DTP in loop 2100C/D.	HIPAA Required
2000D	HL	Dependent Level		S				If the subscriber is NOT the patient, use this dependent loop instead of the subscriber loop. Use all the same comments and fields as subscriber loop above.	Translation
2000D	HL	Dependent Level		S					
2000D	HL 03	Hierarchical Level Code	ID2	R				Verify "23"	Translation
2000D	TRN	Dependent Trace Number		S					
2100D	NM1	Dependent Name		R					
2100D	NM1	Dependent Name		R					
2100D	REF	Dependent Additional Identification		S					
2100D	N 3	Dependent Address		S					
2100D	N 4	Dependent City/State/ZIP Code		S					
2100D	PRV	Provider Information		S					

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2100D	DMG	Dependent Demographic Information		S					
2100D	INS	Dependent Relationship		S					
2100D	DTP	Dependent Date		S					
2110D	EQ	Dependent Eligibility or Benefit Inquiry Information		R					
2110D	EQ	Dependent Eligibility or Benefit Inquiry Information		R					
2110D	III	Dependent Eligibility or Benefit Additional Inquiry Information		S					
2110D	REF	Dependent Additional Information		S					
2110D	DTP	Dependent Eligibility/Benefit Date		S					
2110D	SE	Transaction Set Trailer		R					

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Comment Type Legend:

Case Management = "Nice to Have" fields for case reviewers.

Electronic COB = If we do electronic COB, these fields will be needed.

HIPAA Questions = Questions about interpreting the HIPAA Implementation Guides.

HIPAA Required = Required fields in HIPAA that don't seem to be in the legacy system.

Map Codes = Need to crosswalk local codes to standard codes.

Match Back = Fields received on an incoming transaction that must be returned in the response.

Nice to Have = Optional fields that are useful for other reasons.

Policy Issues = Decisions to be made by system experts.

Processing Logic = Logic that needs to be built into either the front end or MMIS.

System Questions = Questions about the legacy systems.

Translation = Only use to program translations.

Column Heading Legend:

"DT" = Data Type

COBOL Data Types Legend:

X(n) - Character data with length of n bytes

9(n) - Integer data with length of n bytes

S9(n) - Signed integer data with length of n bytes

9(n)V99 or 9(n)V9(2) - Numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

S9(n)V99 or S9(n)V9(2) - Signed numeric data with n decimal digits before the decimal point and 2 decimal digits after the decimal point

HIPAA Data Types Legend:

ANn - Free text with length of n bytes

IDn - Coded value with length of n bytes

Nn - Numeric data with length of n bytes

Rn - Real data with length of n bytes

DT8 - Date expressed as CCYYMMDD

TM8 - Time expressed as HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds ((00-99)